

# Exhibit K

P.O. Box 830847  
Miami FL 33283-0847

Please check box if address is incorrect or insurance information  
has changed, and indicate change(s) on reverse side.

PAYMENT BY MAIL		
CHECK CARD CHECK PAYMENT		
<input type="checkbox"/>	<input checked="" type="checkbox"/> VISA	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/>
CARD NUMBER		
<input type="text"/> SIGNATURE		EXP. DATE
STATEMENT DATE 01/06/25	PAY THIS AMOUNT \$ 643.20	ACCT. # 17173825-1
		SHOW AMOUNT PAID HERE \$

KEN58C 5257219 677880852

Heriberto Valiente  
4214 SW 164TH PATH  
MIAMI FL 33185-5290

Kendall Credit  
and Business Service, Inc.  
P.O. Box 404665  
Atlanta, GA 30384-4665

0001717382510000064320201007

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### STATEMENT

\*\*\*\* Please include your account number on all forms of payment \*\*\*\*

Si necesita una interpretacion de esta carta, por favor comuniquesse con  
nuestra oficina.

PLEASE CALL Darlene Gingras AT (786) 594-6688 EXT. 46666

Creditor: Baptist Hospital  
Debtor: Valiente, Heriberto  
Account No.: 17173825-1  
Service Date: 07/11/24  
Amount Due: \$643.20

Your Account is long past due and must be paid in full.

As of this date, your debt remains unpaid. We have previously notified  
you in writing regarding your outstanding debt, yet we have received no  
resolution from you. Collection efforts will continue until the debt is  
paid.

Forward payment in full to our office or contact your account  
representative to make an acceptable payment arrangement.

Do not delay this important matter which requires your attention.

\*\*\*\* Please include your account number on all forms of payment \*\*\*\*

\*\*\*\*\* To pay online go to: <https://billpay.baptisthealth.net> \*\*\*\*\*

Federal law requires us to inform you that this is an attempt to collect  
a debt and any information obtained will be used for that purpose.

This communication is from a debt collector.